

GUIDELINES FOR USE OF ORAL CONTRAST IN ABDOMINAL IMAGING CT EXAMS

Emergency Department:

- ED patients are typically scanned without oral contrast; however, exceptions exist and a scan can always be protocolled with oral contrast if the radiologist feels it is indicated.
- Oral Contrast is indicated for:
 - Leak
 - Abscess
 - Enterocutaneous Fistula
 - Post-operative patients (regardless of the type of surgery such as GU, GI, GYN, etc.) if they are less than approximately 3-4 weeks post-operative.
- Oral contrast should be considered for pediatric patients. Particularly for bowel indications (appendicitis, colitis, diverticulitis, etc.)
- Oral contrast should be considered for those with a low BMI / weight. Particularly for bowel indications (appendicitis, colitis, diverticulitis, etc.)

Inpatients:

- Oral contrast is indicated for all inpatients with a 3-hour preparation time.
 - If a scan is prescribed without oral contrast, the reason must be indicated in the “technologist note” section of the protocol palette for the radiologist’s reference.
 - Oral contrast use should be discussed with the team, especially if the order says “no oral” or “oral not needed.” The statement “Attending doesn’t want it” is not a sufficient reason for not using it. Valid reasons include contraindications / patient-related issues (allergy, critically ill with need for emergent scan, ongoing vomiting with inability to tolerate any oral intake, etc.)
- Exceptions include:
 - Organ specific protocols (liver mass, renal mass, etc.). Although it should be discussed if this workup is required as an inpatient.
 - Genitourinary (GU) indications (CT Urography, Renal Stones, etc.).
 - CT Angiography / Venography (oral contrast can preclude 3D reconstructions)

Outpatients:

- Oral contrast is indicated for all outpatients with a 2-hour preparation time.
 - If a scan is prescribed without oral contrast, the reason must be indicated in the “technologist note” section of the protocol palette for the radiologist’s reference.
 - Oral contrast use should be discussed with the team, especially if the order says “no oral” or “oral not needed.” The statement “Attending doesn’t want it” is not a sufficient reason for not using it. Valid reasons include contraindications / patient-related issues (allergy, critically ill with need for emergent scan, ongoing vomiting with inability to tolerate any oral intake, etc.)
- Exceptions include:
 - Organ specific protocols (liver mass, renal mass, etc.).
 - Genitourinary (GU) indications (CT Urography, Renal Stones, etc.).
 - CT Angiography / Venography (oral contrast can preclude 3D reconstructions)

It's important for radiologists to adhere to these guidelines to ensure the effectiveness of CT scans and the safety of patients (i.e. optimization of imaging techniques to preclude the need for repeat or unnecessary imaging).

If there are any uncertainties or specific situations, consulting with a radiologist should always be encouraged.